FORM D

RECEIVE

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UNITED STATES
'SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number:

3235-0076

Expires: April 30, 2008
Estimated average burden

hours per response...... 1



0603948

Name of Offering (Deheck of this is an amendment and name has changed, and indicate change.)									
S5 Wireless, Inc. Series B Preferred Stock Financing									
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4	(6) ULOE								
Type of Filing: New Filing Amendment									
A. BASIC IDENTIFICATION DATA									
Enter the information requested about the issuer									
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)									
S5 Wireless, Inc.									
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)								
11778 Election Drive, Suite 140, Draper, UT 84020 (801) 576-0877									
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)								
(if different from Executive Offices)									
Brief Description of Business									
Wireless technology	PROCESSED								
Type of Business Organization	C 20 20 1 20 20 20 20 20 20 20 20 20 20 20 20 20								
⊠ corporation ☐ limited partnership, already formed ☐ other (please	specify):								
□ business trust □ limited partnership, to be formed									
	THOUSON								
Month Year	<u> </u>								
Actual or Estimated Date of Incorporation or Organization: $\begin{bmatrix} 0 & 2 \end{bmatrix}$ $\begin{bmatrix} 0 & 3 \end{bmatrix}$	☒ Actual ☐ Estimated								
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for									
CN for Canada; FN for other foreign jurisdiction)	DE								

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or Check Box(es) that Apply ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director Managing Partner Full Name (Last name first, if individual) Carter, David L. Business or Residence Address (Number and Street, City, State, Zip Code) 11778 Election Drive, Suite 140, Draper, UT 84020 ☐ General and/or Check Box(es) that Apply ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☐ Director Managing Partner Full Name (Last name first, if individual) Prestwich, Sy Business or Residence Address (Number and Street, City, State, Zip Code) 11778 Election Drive, Suite 140, Draper, UT 84020 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) Baker, Jim Business or Residence Address (Number and Street, City, State, Zip Code) 11778 Election Drive, Suite 140, Draper, UT 84020 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Full Name (Last name first, if individual) Arneson, Ken Business or Residence Address (Number and Street, City, State, Zip Code) 11778 Election Drive, Suite 140, Draper, UT 84020 ☑ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es) that Apply □ Promoter □ Director Managing Partner Full Name (Last name first, if individual) vSpring II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 2795 East Cottonwood Parkway, Suite 360, Salt Lake City, UT 84121 Check Box(es) that Apply ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ahlstrom, Paul Business or Residence Address (Number and Street, City, State, Zip Code) 2795 East Cottonwood Parkway, Suite 360, Salt Lake City, UT 84121 ☑ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply ☐ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Dobson, Kurt Business or Residence Address (Number and Street, City, State, Zip Code) 532 West 8360 South, Sandy, UT 84070 (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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. A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

• Each general and r		of partnership issuers.	, 0	0 01	,
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	Director	☐ General and/or Managing Partner
ull Name (Last name first, azulyanov, Ildar	if individual)	,			
usiness or Residence Addr 1778 Election Drive, Suite			Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
ull Name (Last name first, agle River Holdings, LLC	if individual)				
Business or Residence Addr 300 Carillon Point, Kirklan		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Cooper, Cindy	if individual)				
Business or Residence Addr 2317 Red Birch Lane, Kell		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
ull Name (Last name first, Aarcinek, Brian	if individual)				
Business or Residence Addr 300 Carillon Point, Kirklan		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
full Name (Last name first, Mechaley, Robert	if individual)				
Business or Residence Addr 300 Carillon Point, Kirklan		Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	l Street, City, State, Zip	Code)		
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	d Street, City, State, Zip	Code)		
	(Use blank	sheet, or copy and use ad	ditional copies of this sh	eet, as necessary.)	
		2(b) of 8		

					B. IN	NFORMA	ATION A	BOUT O	FFERIN	G'				
				1	•				-				Yes	No
1.	Has the iss	uer sold,								offering?.	•••••			X
							-	under UL	OE.					
2.	What is th	e minim	um invest	ment that	will be ac	ccepted fro	om any in	dividual?						0,000
2	D	cc				1							Yes \Box	<u>No</u>
														\boxtimes
4.	or similar listed is an	remuner associa ker or de	ation for ted personaler. If n	solicitation or agent nore than	on of purch of a broke five (5) pe	hasers in o er or deale ersons to	connection er register	n with sale ed with th	es of secu le SEC and	rities in tl d/or with	ne offering a state or	ly, any commission g. If a person to be states, list the name or dealer, you may		
Full Na	ıme (Last n	ame first,	if individ	lual)	:									
Busine	ss or Reside	ence Add	ress (Nun	ber and St	treet, City,	State, Zip	Code)			 				
Name	of Associate	ed Broke	or Deale	r	<u> </u>									
States i	n Which Pe	erson List	ted Has So	olicited or	Intends to	Solicit Pu	rchasers							
(Che	eck "All Sta	ates" or cl	heck indiv	ridual State	es)							,,,,,,,	□ All	States
[AL] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT	[IL] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (Last n	ame first	, if individ	lual)										
Busine	ss or Resid	ence Add	ress (Nun	nber and S	treet, City,	State, Zip	Code)			·				
Name	of Associate	ed Broke	r or Deale	r								w		·· ··
States	in Which P	erson Lis	ted Has Se	olicited or	Intends to	Solicit Pu	rchasers						n	
													□ All	States
(Ch		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		States
$[\mathrm{IL}]$	[IL]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT [RI]		[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]		
	ame (Last n				- :							7		
Rusine	ss or Resid	ence Add	lress (Nun	her and S	treet City	State Zir	Code)							
Dusine	os or resid	chico had		neer mie o	uoon, enty,	, otato, Esp	(000)							
Name	of Associat	ed Broke	r or Deale	r		· ·								
States	in Which P	erson Lis	ted Has S	olicited or	Intends to	Solicit Pu	rchasers							
(Ch	eck "All St	ates" or c	heck indiv	vidual State	es)								□ All	States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
(IL) [M]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 3 of 8

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of	Security			Aggre	gate	Amo	ount Already
				Offering	-		Sold
						\$	0.00
Equity				\$ <u>11,48</u>	9,676.89	\$	6,989,677.19
	☐ Common	⊠ Preferred					
Convert	ible Securities (including warrants	s)		\$	0.00	\$	0.00
	•					\$	0.00
)				\$	0.00
Tota	al			\$ <u>11,48</u>	9,676.89	\$	6,989,677.19
	Answer also in Appendix, Colum	n 3, if filing under ULOE.					
offering and number of p	the aggregate dollar amounts of t	dited investors who have purchased securi heir purchases. For offerings under Rule ities and the aggregate dollar amount of thor "zero."	504, indicate the	Num Inves			aggregate lar Amount
				111.00			Purchases
						-	6,989,677.19
Non-acc	redited Investors	<u> </u>				\$	
Tota	al (for filings under Rule 504 only)				\$	
	Answer also in Appendi	x, Column 4, if filing under ULOE.					
sold by the sale of secur	issuer, to date, in offerings of the rities in this offering. Classify sec	4 or 505, enter the information requested types indicated, in the twelve (12) month urities by type listed in Part C – Question	s prior to the first	Тур		Do	llar Amount
Type of				Secu	•		Sold
						\$	
						\$	
						\$	
Tot	al					\$	
		•••••••••••••••••••••••••••••••••••••••		_			
4. a. Furnish a this offering may be give	g. Exclude amounts relating sole	nection with the issuance and distribution of the issuer. If the amount of an expenditure is not	The information				
 a. Furnish a this offering may be give estimate and 	z. Exclude amounts relating sole on as subject to future contingence if check the box to the left of the en	nection with the issuance and distribution of the issuer. If the amount of an expenditure is not	The information known, furnish an		🗖	\$	
 a. Furnish a this offering may be give estimate and Transfer 	g. Exclude amounts relating sole on as subject to future contingenci- d check the box to the left of the ear r Agent's Fees	nection with the issuance and distribution of the issuer. If the amount of an expenditure is not stimate.	The information known, furnish an		~	\$ \$	
4. a. Furnish a this offering may be give estimate and Transfer	g. Exclude amounts relating sole in as subject to future contingenced check the box to the left of the error Agent's Fees	nection with the issuance and distribution of the issuer. If the amount of an expenditure is not stimate.	The information known, furnish an		🗖	\$ \$	100,000.00
4. a. Furnish a this offering may be give estimate and Transfer Printing	g. Exclude amounts relating sole in as subject to future contingenced check the box to the left of the err Agent's Fees	nection with the issuance and distribution by to organization expenses of the issuer. Es. If the amount of an expenditure is not stimate.	The information known, furnish an		I	\$ \$ \$ \$	
4. a. Furnish a this offering may be give estimate and Transfer Printing Legal For Account	g. Exclude amounts relating sole in as subject to future contingencial check the box to the left of the errangent's Fees	nection with the issuance and distribution by to organization expenses of the issuer. es. If the amount of an expenditure is not stimate.	The information known, furnish an		🖂	\$ \$ \$	100,000.00
4. a. Furnish a this offering may be give estimate and Transfer Printing Legal For Accoun	g. Exclude amounts relating sole in as subject to future contingencing check the box to the left of the error Agent's Fees	nection with the issuance and distribution by to organization expenses of the issuer. es. If the amount of an expenditure is not stimate.	The information known, furnish an		🖂	\$ \$ \$ \$	100,000.00
4. a. Furnish a this offering may be give estimate and Transfer Printing Legal For Account Engineer Sales Co.	g. Exclude amounts relating sole on as subject to future contingenci- d check the box to the left of the ex- r Agent's Fees and Engraving Costs ting Fees oring Fees commissions (specify finders' fees	nection with the issuance and distribution by to organization expenses of the issuer. es. If the amount of an expenditure is not stimate.	The information known, furnish an		D	\$ \$ \$ \$	100,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SE	S ANI	USE	OF PROCEE	DS		
	b. Enter the difference between the aggregate offering price given in response to Part C total expenses furnished in response to Part C – Question 4.a. This difference is the proceeds to the issuer."	"a	djuste	d gros	S		\$	11,389,676.89
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish an est the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C - Question 4.b above.	tim	ate and	i checl	k			
	· · · · · · · · · · · · · · · · · · ·				Payments to Officers, Directors & Affiliates		P	ayments to Others
	Salaries and fees			\$			\$	
	Purchase of real estate			\$			\$	
	Purchase, rental or leasing and installation of machinery and equipment	ļ		\$			\$	
	Construction or leasing of plant buildings and facilities			\$			\$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			\$			\$	
	Repayment of indebtedness			¢			¢	
	Working capital			φ		\boxtimes	φ	0.000.000.4
							\$_	9,899,999.4
	Other (specify): Offering included conversion of \$1.489,677.43 of principal amount and accrued interest of notes.		\boxtimes	\$	1,285,834.01	X	\$	203,843.4
				\$			\$	
	Column Totals		\boxtimes	\$	1,285,834.01	X	\$_	10,103,842.8
	Total Payments Listed (column totals added)	\$ <u>11,389,676.89</u>						
			.,,,	· · ·				
	D. FEDERAL SIGNATURE							
si	ne issuer has duly caused this notice to be signed by the undersigned duly authorized penature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Experimentation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	xch	ange (Commi	ission, upon wr			
	suer (Print or Type) 5 Wireless, Inc. Signature					Date June 1	2, 200	6
N D	ame of Signer (Print or Type) avid L. Carter Title of Signer (Print or Type) President and Chief Executive		ficer					
	<u>.</u>							

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	
1.	Is any party described in 17 CFR	230.262 presently subject to any of the disqualific	cation provisions of such rule? Yes No
		See Appendix, Column 5, for state response	. .
2.		undertakes to furnish to any state administrator of such times as required by state law.	f any state in which this notice is filed, a notice
3.	The undersigned issuer hereby the issuer to offerees.	undertakes to furnish to the state administrators,	upon written request, information furnished by
4.	Uniform Limited Offering Exer	ents that the issuer is familiar with the condition pption (ULOE) of the state in which this notice in has the burden of establishing that these conditions	s filed and understands that the issuer claiming
	suer has read this notification and igned duly authorized person.	knows the contents to be true and has duly caus	sed this notice to be signed on its behalf by the
	(Print or Type)	Signature	Date
S5 W	ireless, Inc.	8220	June 12, 2006
Name	(Print or Type)	Title of Signer (Print or Type)	
David	l L. Carter	President and Chief Executive Off	ficer ficer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

Γ -1	2 3 4				<u> </u>			5		
1		2	3		4			ł		
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Series B Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
CO										
CT			:				1.*			
DE			:			'	7.2			
DC										
FL			;							
GA										
HI			1							
ID										
ĪL			:			:				
IN			·							
IA			í							
KS										
KY										
LA					-					
ME			;							
MD										
MA										
MI										
MN										
MS										
MO			:							

APPENDIX

1	,	2	3			<u> </u>		Γ		
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	(4 44.4 2	1	(2 6.1 5 2.6 2)	Number of	(2 4.10	Number of		(2 2	1	
State	Yes	No	Series B Preferred Stock	Accredited Investors	Amount	Non- Accredited Investors	Amount	Yes	No	
MT										
NE										
NV						:				
NH										
NJ										
NM										
NY			:							
NC		ļ								
ND		 	:			· · · · · ·				
OH										
OK										
OR			:	<u> </u>			 			
PA										
RI										
SC										
SD										
TN										
TX			;							
UT		X	\$2,489,677.25	2	\$2,489,677.25	0	0		X	
VT			1							
VA										
WA		X	\$4,499,999.82	1	\$4,499,999.82	0	0		X	
WV										
WI										
WY										
PR						<u> </u>				